Attorney Docket No. 89213.0005
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Jovo MAJSTOROVIC, et al.

Serial No: 10/698,552
Confirmation No: 9931
Filed: October 31,2003
For: AUTOMOTIVE PERFORMANCE METER

Art Unit: 3661
Examiner: Beaulieu, Yonel

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
May 27, 2005
Date of Deposit
Juanita Soberanis
Name
Juanita Soberanis   05/27/05
Signature   Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

☒   Response To Restriction Requirement.
☒   Return Postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM $ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	**	0	LG=$50 SM=$25	$	$ 0
INDEPENDENT CLAIMS FEE	8	-	8	***	0	LG=$200 SM=$100	$	$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = $360 SMALL ENTITY FEE = $180		$	0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					$250 FOR EACH ADDITIONAL 50 SHEETS		$	0
						TOTAL	$	0

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
***   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐   A check in the amount of $___0___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**

☐   A check in the amount of $___0___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

☒   The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
    ☒   Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
    ☒   Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: May 27, 2005

By:_____
Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

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RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the office action dated May 11, 2005 setting forth a restriction requirement, applicant elects for prosecution the invention of Group I, drawn to claims 1-9. Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:_____
Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: May 27, 2005

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